

Dr. Janet W. Neslen Award



NOMINATION DIRECTIONS

Please read the entire nomination form carefully and fill out all areas completely.

Awards are based on work done in Carroll County. Staff of The Partnership for a Healthier Carroll County, members of The Partnership's Board of Directors, and past Neslen Award recipients are not eligible. Previous nominees may be nominated again. Nominations will be reviewed and winners determined by the Partnership's Board of Directors. Physical materials such as videos, newspaper clippings, photographs, or brochures submitted with the nomination form cannot be returned. Please submit only digital copies or photocopies of materials that you wish to keep.

Nominees can be individuals or organizations. All nominees will receive a letter notifying them of their nomination. If you would like to make a nomination but wish to remain anonymous to the nominee, please mark the appropriate box on the nomination form, so your name will not be included in the notification letter.

Nominations may be submitted at any time. The Dr. Janet W. Neslen Award is not an annual award, but is given when a deserving recipient is identified, which may not occur every year.

*The Award recipient is announced at the annual community forum in May. To be considered for an award announced at the upcoming forum, **nominations must be received by March 15**. Nominations received after that date will be considered for the following year's event.*

I. Information ABOUT THE NOMINEE:

Name: _____

Address: _____

Phone number(s): _____

Email address: _____

Nominee's organizational affiliation:

Dr. Janet W. Neslen Award

II. The Dr. Janet W. Neslen Award recognizes individual or organization achievements in access to health care. Please indicate the *type of contribution* this nominee has made (check all that apply):

Leadership in bringing health care resources to Carroll County

Community leadership in improving access to health care

Other lasting contribution to the health of the community

III. Please complete this section ABOUT THE NOMINEE. Additional supporting information may be attached.

A. If an individual, is the nominee working with an organization to accomplish their work?

Yes - Organization name: _____

Is the work this individual is being nominated for related to their employment? Yes No

Professional background:

B. If an organization, please describe the organization:

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Has the nominee been previously recognized for this work formally or informally? Yes No

If "Yes", please describe: _____

Other information about the nominee:

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IV. NOMINATORS - PLEASE FILL OUT THE BELOW INFORMATION ABOUT YOURSELF.

Name: _____

Address: _____

Phone: _____

Email Address: _____

Relationship to the Nominee (employee, friend, co-worker, relative, etc.): _____

I wish to remain anonymous Yes No

Signature: _____

V. Please attach any supporting documentation or comments on a separate sheet.

THANK YOU for taking the time to nominate a community member for this award.

Please FAX the completed nomination form and supporting materials to The Partnership at **410-871-6325**, or SCAN AND EMAIL to **ThePartnership@HealthyCarroll.org**, or MAIL TO:

Dr. Janet W. Neslen Award

The Partnership for a Healthier Carroll County, Inc.

535 Old Westminster Pike, Suite 102

Westminster, MD 21157

For an electronic version of this application, please visit our website at HealthyCarroll.org.

For more information, please contact ThePartnership@HealthyCarroll.org or 410-871-7645.

TO BE COMPLETED BY PARTNERSHIP STAFF

Date Received: _____ By: _____

Meets Eligibility Criteria: _____ Entered in Database: _____